STATEMENT OF

FORM 1	ORGANIZ (See instruct			Office use only
NAME OF COMMITTEE (in	(Check if name full) is changed)	Example: If typying, type over the lines	12FE4M5	
Endo Pharma	ceuticals Inc Political Action Co	ommittee (ENDO PAC)		
ADDRESS (number and	100 Endo Boulevar	d		
(Check if address is changed)	1			
	Chadds Ford		L PA L	19317 -
		CITY▲	STATE▲	ZIP CODE 📥
COMMITTEE'S E-MA	IL ADDRESS (Please provide only one	e-mail address)		
(Check if address is changed)	rosenthal.joseph@	endo.com		
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if address is changed)	; <u> </u>		11111	
	1			
2. DATE 0 9				
3. FEC IDENTIFICA	TION NUMBER	C C00452052		
4. IS THIS STATEM	MENT X NEW (N) OR	AMENDED (A)		
I certify that I have exam	ined this Statement and to the best of my k	nowledge and belief it is true, corre	ct and complete	
Type or Print Name of	Treasurer Joseph Rosent	hal		
Signature of Treasurer	Electronically Filed by Joseph	Rosenthal	Date 09	/ 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fa	lse, erroneous, or incomplete information n	nay subject the person signing this	·	
Office Use Only		For further informati Federal Election Com Toll Free 800-424-95.	mission	FEC FORM 1 (Revised 02/2009)